

MAY 13 2004

OFFICIAL

*Fee Only*IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: LAUKS, Imants, R.
 Serial No.: 09/875,949
 Filed: June 8, 2001
 Title: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM
 Group: 2863
 Examiner: Tung S. LAU
 Attorney Ref.: PAT 506-2 US

May 13, 2004

Mail Stop Amendment
 Commissioner for Patents
 2011 South Clark Place
 Crystal Plaza Two
 Lobby Room 1803
 Arlington VA 22202-3815
 U.S.A.

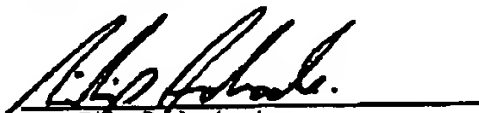
Dear Sir:

PETITION FOR ONEMONTH EXTENSION
OF TIME UNDER 37 C.F.R. 1.136(a)

Applicant hereby petitions for a one-month extension of time pursuant to 37 C.F.R. 1.136(a) in which to file a response to the outstanding Office Action dated February 9, 2004. Please charge our Deposit Account No. 501593 in the amount of \$55.00 to cover the extension fee specified in 37 C.F.R. 1.17(a)(3) for a small entity. If the preceding amount is incorrect, any deficiency or overpayment should also be charged or credited to this deposit account.

Respectfully submitted,

Imants, R. LAUKS



By: Dilip C. Andrade
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Encs.

1. Fee Transmittal Form
2. Response to Office Action

PAGE 2/22 * RCVD AT 5/13/2004 3:07:38 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-1/1 * DNS:8779306 * CSD:613 787 3558 * DURATION (mm-ss):06-24

06/22/2004 ADAVID 00000002 501593 09875949

01 FC:2251 55.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/875944
~~PAT 5062~~

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	3 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

9/12/02

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	Minus .. 25	=
Independent	3	Minus ... 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

Amend B

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	31	Minus .. 25	= 6
Independent	5	Minus ... 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	45
X40=	
+135=	
TOTAL	400

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	54
X40=	86
+135=	
TOTAL	140
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	